



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85
SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300
FAX: (916) 274-5970



APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB) AFTER SUCCESSFUL COMPLETION OF THE RESTORATIVE TECHNIQUE EXAMINATION

FEES	
Application Fee:	\$100.00
FEES ARE NON-REFUNDABLE	

For Office Use Only	
ATS #	_____
Rec #	_____
Fee Pd	_____
Date Cashiered: _____	

For Office Use Only	
Received	

QM _____	Reviewed By: _____	Passed RT Exam _____	For Office Use Only
Conf Sent _____	WREB Score _____	Law P / F Ethics P / F	
Def Sent _____	CBT Notify _____		

(Please type or print neatly)

1. LEGAL NAME:	LAST _____	FIRST _____	MIDDLE _____	U. S. Social Security Number _____
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2. List other names you have used: _____

3. Address:	Street _____	City _____	State _____	Zip Code _____
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4. Mailing Address:	Street _____	City _____	State _____	Zip Code _____
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5. Birthdate: MM/DD/YR _____	Sex M / F Circle One	TELEPHONE NUMBER Day () _____ Evening () _____
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6. Date and Examination site of successful completion of the RT exam: _____

7. Have you previously taken the California Law and Ethics Examination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, When was exam taken (mm/yy) _____

8. Do your religious beliefs preclude you from being scheduled on Saturday or Sunday for examination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

9. Do you have a certified disability or condition that requires special accommodations? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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10. Have you ever been issued a dental license in any State or Country? Certification of License must be submitted for each State/Country.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE
_____	_____	_____

SINCE THE TIME OF YOUR ORIGINAL AND/OR LAST APPLICATION WAS SUBMITTED:

11.	<p>Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	<p>Are there any pending investigations by any State or Federal agencies against you?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	<p>Have you ever been denied a dental license or permission to take a dental examination?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	<p>Have you ever surrendered a license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	<p>Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code?</p> <p>If yes, provide a detailed explanation.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	<p>With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?</p> <p>"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>17. Executed in _____, on the _____ day of _____, 20 _____.</p> <p style="text-align: center;">City</p> <p>I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.</p> <p><i>I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date</div><div style="width: 60%; border-bottom: 1px solid black; text-align: center;">Signature of Applicant</div></div> <p>Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to § 480(c) of the Business & Professions Code.</p>		

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.